1993

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 305

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Boonsboro | LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Boonsboro
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) W. (Last) Babington

4. DATE OF DEATH: (Month) 2 (Day) 19 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 12-29-1877

9. AGE last birthday: 76 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Farm tenant, ret.

10b. KIND OF BUSINESS OR INDUSTRY: farm

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: George Babington

14. MOTHER'S MAIDEN NAME: Mary (?)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Calvin Moser, Boonsboro, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: Suddenly
DUE TO

Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Arteria-Sclerosis
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 15, 1954, to Feb 19, 1954, that I last saw the deceased alive on 15, 1954, and that death occurred at 6.30A., from the causes and on the date stated above.

SIGNATURE (Degree or title) J E Harp MD — ADDRESS Middletown — DATE SIGNED 2-19-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 2-21-1954 | NAME OF CEMETERY OR CREMATORY Lutheran Cemetery | LOCATION (City, town, or county) Middletown (State) Md.

DATE REC'D BY LOCAL REGISTRAR: February 20, 1954 | REGISTRAR'S SIGNATURE John A. Card

24. FUNERAL DIRECTOR ADDRESS: Gladhill Co, Middletown, Md.

RECEIVED
FEB 25 1954
BUREAU V. S.

1948

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01950

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN 03
LENGTH OF STAY (in this place) 60 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 208 BRYAN PLACE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN 03
STREET ADDRESS (If rural give location) 208 BRYAN PLACE

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) ELLEN (Last) BENCHOFF

4. DATE OF DEATH: (Month) FEB. (Day) 21 (Year) 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 2/19/1874
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JAMES GUESSFORD
14. MOTHER'S MAIDEN NAME: MARY POTTS

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: MRS. JANE HUFFER HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.0 (a) Coronary occlusion — Interval Between Onset And Death: 7 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Heart Disease — Years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 10th, 1954, to Feb. 20th, 1954, that I last saw the deceased alive on Feb. 20th, 1954, and that death occurred at 12 Midnight, from the causes and on the date stated above.

SIGNATURE (Degree or title) Philip J. Hagleman MD — ADDRESS Hagerstown Md — DATE SIGNED 2/22/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 2/23/54 — NAME OF CEMETERY OR CREMATORY Burns Hill Cem. — LOCATION (City, town, or county) (State) Waynesboro, Franklin Penna.

DATE REC'D BY LOCAL REGISTRAR Feb. 22, 1954 — REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR W. T. Norment — ADDRESS Hagerstown, Md.

RECEIVED
FEB 24 1954
BUREAU V. S.

1949 (M)

Corrected/signed
Robert Tull MD
D.M.C. Washington Co. Health Officer
March 1-54

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (In this place) 2½ years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 345 North Potomac Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 345 North Potomac Street

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Alexander	Hilten	Bennett	Feb.	26	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Widower	11-6-1896	57 yrs.	3	10		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Gen. Machine Shop Foreman	W. M. R. R. Co.	Shenandoah, Virginia	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Alexander H. Bennett	Bertha Reynolds

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
NO	705-10-6823	A. Hilten Bennett, Jr. Hagerstown, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: Seconds

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Vascular Disease — Years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—	—	—

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
— m.	—	—

22. I hereby certify that I attended the deceased from —, 19..., to —, 19..., that I last saw the deceased alive on —, 19..., and that death occurred at 5:45 P.M. from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	MD	Hagerstown	2/27/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-1-1954	Rose Hill Cemetery	Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar. 1. 1954	Chas. H. Bowers	C. M. Suter & Sons,	Hagerstown, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

Dr Wilson

RECEIVED
MAR 3 1954
BUREAU V. S.

1950

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

01953

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN 05
LENGTH OF STAY (in this place) 3 MO.
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON COUNTY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN 03
STREET ADDRESS (If rural give location) 830 MULBERRY AVE.

3. NAME OF DECEASED: (Type or Print) (First) ROBERT (Middle) LINDSAY (Last) BLEDSOE

4. DATE OF DEATH: (Month) FEB. (Day) 27 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 10/8/1906

9. AGE last birthday: 47 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: PARTNER OWNER

10b. KIND OF BUSINESS OR INDUSTRY: BUSINESS MACH.

11. BIRTHPLACE (State or foreign country): CO. DISTRICT COLUMBIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: LEE BLEDSOE

14. MOTHER'S MAIDEN NAME: BEULAH ZIMMERMAN

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-09-0099

17. INFORMANT & ADDRESS: MRS. M. DARTHEA BLEDSOE HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary occlusion - ant. myocardial infarction. — Interval Between Onset And Death: 9 days.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension — 3 yrs.

DUE TO

(c) Arteriosclerosis - mild - — 3 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 18th, 1954, to Feb. 27th, 1954, that I last saw the deceased alive on Feb. 27th, 1954, and that death occurred at 9 15 hrs, from the causes and on the date stated above.

SIGNATURE Thomas J. Kirkman (Degree or title) MD ADDRESS Hagerstown Md DATE SIGNED 2/28/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 3/2/54 NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery LOCATION (City, town, or county) Hagerstown (State) Md

DATE REC'D BY LOCAL REGISTRAR Mar. 1, 1954 REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR W. T. Norment ADDRESS Hagerstown, Md.

RECEIVED
MAR 3 1954
BUREAU V. S.

01954

DR. WADE 1994

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 316

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN KEEDYSVILLE X
LENGTH OF STAY (in this place) 37 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MAIN ST. X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN KEEDYSVILLE
STREET ADDRESS (If rural give location) MAIN ST.

3. NAME OF DECEASED (Type or Print) (First) ELLA (Middle) SARAH (Last) BURTNER

4. DATE OF DEATH (Month) (Day) (Year) FEBRUARY 15 1954

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH MAY-17-1867
9. AGE last birthday 86-8-28 Yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE
10b. KIND OF BUSINESS OR INDUSTRY AT HOME
11. BIRTHPLACE (State or foreign country) THE MANOR - WASH. CO. MD
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME EZRA BURTNER
14. MOTHER'S MAIDEN NAME SARAH · ELIZABETH · HARP

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No. NONE
17. INFORMANT MISS EMMA BURTNER - KEEDYSVILLE MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

447X

Immediate cause (a) Arterial Hypertension — INTERVAL BETWEEN ONSET AND DEATH 12 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis — " "

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1942, to Feb 15, 1954, that I last saw the deceased alive on June 24, 1953, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

SIGNATURE J. Hubert Wade (Degree or title) M. D. ADDRESS Boonsboro Md. DATE SIGNED 2-16-54

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF FEB. 18. 1954
NAME OF CEMETERY OR CREMATORY BOONSBORO CEMETERY
LOCATION (City, town, or county) (State) BOONSBORO WASH. CO. MD.

DATE REC'D BY LOCAL REG. Feb 18 1954
REGISTRAR'S SIGNATURE R H Geeting
24. FUNERAL DIRECTOR WM. F. BAST AND SONS ADDRESS BOONSBORO MD

RECEIVED
FEB 23 1954
BUREAU V. S.

Dr. Bell
1951

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

M

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 463 Park Place

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): 463 Park Place

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) O (Last) Butts

4. DATE OF DEATH: (Month) 2 (Day) 11 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: July 18, 1888

9. AGE last birthday: 65 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY: Y.M.C.A.

11. BIRTHPLACE (State or foreign country): Hagerstown, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Oliver Butts

14. MOTHER'S MAIDEN NAME: Ella Catherine Smith

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-30-7546

17. INFORMANT & ADDRESS: Mrs. Margaret L. Butts Hagerstown, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Pulmonary tuberculosis — Interval Between Onset And Death: 1 year.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c) DUE TO

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: None.

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-20- ,1953, to 2-11- ,1954, that I last saw the deceased alive on Feb. 8, 1954, and that death occurred at 4:00 A.M., from the causes and on the date stated above.

SIGNATURE: R.A. Bell (Degree or title) M.D. ADDRESS: Hagerstown, Maryland. DATE SIGNED: Feb. 11, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE THEREOF: 2-13-54 — NAME OF CEMETERY OR CREMATORY: Rose Hill — LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR: Feb 12, 1954 — REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: Fred W. Kraiss — ADDRESS: Hagerstown, Md.

VS. A15

RECEIVED
FEB 15
BUREAU

1952

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 405 North Potomac Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Washington COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 405 North Potomac Street

3. NAME OF DECEASED: (Type or Print) (First) Virginia (Middle) Brewer (Last) Byron

4. DATE OF DEATH: (Month) Feb. (Day) 18 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 11-26-1872
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months 2 Days 22 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mercersburg, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Newton J. Brewer
14. MOTHER'S MAIDEN NAME: Eliza J. Brewer

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: Mrs. Wm. P. Lane, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 443X (a) Hypertensive Cardio Vascular Disease — Interval Between Onset And Death 2-3 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arterio — Sclerosis — (?)
DUE TO (c) ? —

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION: 0
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) 0
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 0 (CITY OR TOWN) 0 (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) 0 m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? 0

22. I hereby certify that I attended the deceased from Jan 1, 1950, to 2/18, 1954, that I last saw the deceased alive on 2/17, 1954, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

SIGNATURE Victor D. Miller (Degree or title) 131 West Washington ADDRESS Hagerstown Md DATE SIGNED 2/19-1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2-20-1954
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) Hagerstown, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR Feb. 20, 1954
REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

FEB 23 1954
BUREAU V. S.

1953

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Washington — MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown STREET ADDRESS (If rural, give location) 122 S. Conococheague St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
MYRTLE	LEONA	COTTRILL	FEB. 24 1954 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	White	Married	April 8-1890	63 yrs.	10	15		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Roll Up Worker	Ribbon Mill	Clearspring Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel Kelley	Annie C Riddle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No No	219-20-1450	122 S Conococheague St Mr Clarence Cottrill Williamsport Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
19 X	
Immediate cause (a) CEREBRAL VASCULAR HEMORRHAGE WITH RIGHT HEMIPLEGIA	4 DAYS
Antecedent cause(s)	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ARTERIOSCLEROSIS, GENERALIZED	UNKNOWN
(c) MELENOMATOSIS,	ONE YEAR
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
5-14-50	MELANOMA, MALIGNANT	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from FEB. 18, 1954, to FEB. 24, 1954, that I last saw the deceased alive on FEB. 24, 1954, and that death occurred at 3-48 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Julius Robert Cohen	M.D.	CLEAR SPRING, MARYLAND	2-25-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 26-54	Greenlawn Cemetery	Williamsport Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb 25, 1954	[illegible]	Albert L Leaf	Williamsport Md

RECEIVED
MAR 1 1954
BUREAU V. S.

1995

M

C

I

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 307

1. PLACE OF DEATH- COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Yarrowsbry Rural. LENGTH OF STAY (in this place) 3½ Mother
HOSPITAL OR INSTITUTION OR STREET ADDRESS Knoxville Md. R.1

2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Yarrowsbry - Rural
STREET ADDRESS (If rural, give location) Knoxville Md. R.1

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Robin - Marie - Coulter.

4. DATE OF DEATH (Month) (Day) (Year) Feb. 23. 1954

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Nov. 1. 1953

9. AGE last birthday yrs. If under 1 year: Months 3 Days 22 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None.

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Frederick Fred. Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James W. Coulter.

14. MOTHER'S MAIDEN NAME Doris Carter.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS James W. Coulter. Knoxville Md. R.1.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

751X

Immediate cause (a) Meningitis — INTERVAL BETWEEN ONSET AND DEATH 48 hrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Ruptured Spinal Cord — 4 days

(c) Spina Bifida — 4 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-1-, 1953, to 2-23, 1954, that I last saw the deceased alive on 2-23-, 1954, and that death occurred at 3:00 A.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS Brunswick, Md - DATE SIGNED 2-25-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial - DATE Feb. 25. 1954 NAME OF CEMETERY OR CREMATORY Church of the Brethren Centre LOCATION (City, town, or county) (State) Brownsville Wash. Co. Md

DATE REC'D BY LOCAL REG. 2/24/54 REGISTRAR'S SIGNATURE Cornelius W. Castle Deputy

24. FUNERAL DIRECTOR Wm F. Bast Sons ADDRESS Brownsbro Md

RECEIVED
FEB 2[illegible]
BUREAU V. S.

Dr Wells

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 12 Hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 918 Lanvale St.

3. NAME OF DECEASED: (Type or Print) (First) KAY (Middle) KRISTINE (Last) CRILLEY
4. DATE OF DEATH (Month) Feby (Day) 25 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: Aug 9 1951
9. AGE last birthday: 2 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: Child
11. BIRTHPLACE (State or foreign country): Hagerstown Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Richard Crilley
14. MOTHER'S MAIDEN NAME: Betty McKee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ------
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs Betty McKee Crilley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a)	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Second & 3rd degree burns (to ankles and feet)	48 hrs.
DUE TO		
	(c) Septicemia	18hrs

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: None
19b. MAJOR FINDING OF OPERATION: ---
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☒ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Home
21c. (City or town) Hagerstown (County) Washington (State) Maryland
21d. TIME OF INJURY (Month) 2 (Day) - 23 (Year) - 54 (Hour) 8 A.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Scalded feet in bath tub at home

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE S. Robert Wells M.D.
M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 2-26-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 2-27-54
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REG. Feb 26 '54
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Andrew K. Coffman
ADDRESS Hagerstown Md.

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 1 1954
BUREAU V. S.

1955

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Dr Earl Young 01561

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 6 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 445 McDowell Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 445 McDowell Ave

3. NAME OF DECEASED: (Type or Print) (First) BERTHA (Middle) MARIE (Last) CROUSE

4. DATE OF DEATH: (Month) (Day) (Year) Feby 8 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Sept 21 1914
9. AGE last birthday: 39 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Hagerstown Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Roy L Osborne
14. MOTHER'S MAIDEN NAME: Mamie Corder

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) -------
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Harold W. Crouse

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.0 (a) Myocardial Infarction DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO (c) Arteriosclerotic Heart Disease Not Comm

Interval Between Onset And Death 10 hrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947, 19 , to 2/8/54, 19.. , that I last saw the deceased alive on 2/8/54 19 .. , and that death occurred at 6:00 P.M., from the causes and on the date stated above.

SIGNATURE S Earl Young (Degree or title) M.D. ADDRESS Hagerstown Md DATE SIGNED 2/9/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2-11-54
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) (State) Hagerstown Md.
DATE REC'D BY LOCAL REGISTRAR Feb 10, 1954
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown Md.

RECEIVED
FEB 15 1954
BUREAU V. S.

Film#G161 Item# 9 3/4/54 emf

1956

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown, Md.
LENGTH OF STAY (in this place) life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington County Home
STREET ADDRESS (If rural give location) Middleburg Pike

3. NAME OF DECEASED: (Type or Print) (First) Missouri (Middle) Field (Last) Dixon

4. DATE OF DEATH: (Month) FEB. (Day) 19 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Sept 12 1883
9. AGE last birthday: 70 ~~71~~ yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Houseworker
10b. KIND OF BUSINESS OR INDUSTRY: Private family
11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Daisy Nickens 120 W. Bethel.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Arteriosclerotic heart disease

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death: Unknown

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 10, 1952, to Feb. 19, 1954, that I last saw the deceased alive on Feb. 18, 1954, and that death occurred at 4:55 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Archie Robert Cohen M.D.
ADDRESS Clear Spring Md.
DATE SIGNED Feb. 22. 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2-22-1954
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Maryland.

DATE REC'D BY LOCAL REGISTRAR Feb. 22, 1954
REGISTRAR'S SIGNATURE Chas H Hoovers

24. FUNERAL DIRECTOR John R Watson Jr
ADDRESS Hagerstown Md.

FEL
DUNLAP V. S.

Film#G161 Item# 2 2/17/54 emf

1996

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Fairview Enroute to hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penna Maryland COUNTY Washington Franklin
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greencastle, Pa.
STREET ADDRESS (If rural, give location) R # 2

3. NAME OF DECEASED (Type or Print) (First) Isaac (Middle) Waldo (Last) Dulebohn
4. DATE OF DEATH (Month) Feb. (Day) 13 (Year) 1954
5. SEX Male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH July 16, 1892
9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Self
11. BIRTHPLACE (State or foreign country) Franklin Co. Penna.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME David H. Dulebohn
14. MOTHER'S MAIDEN NAME Annie Corbett
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Mrs. Carrie H. Dulebohn, RR2 # Greencastle Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

845.1

Immediate cause (a) Fractured skull hemorrahge & shock — 15min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Farm
(CITY OR TOWN) Greencatle (COUNTY) Washington (STATE) Pa.
TIME OF INJURY (Month) (Day) (Year) (Hour) 2-13-54 P m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Team of horses ran off -upsetting wagon

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection ✓ Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident ✓, suicide , homicide , undetermined .*

SIGNATURE S. Robert Wells M.D. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS 115 N. Potomac St., Hagerstown, Md. DATE SIGNED 2-13-54

MODE OF BURIAL, CREMATION OR MOVAL (Specify) Burial
DATE THEREOF 2/17/1954
NAME OF CEMETERY OR CREMATORY St. Paul Cemetery
LOCATION (City, town, or county) (State) Washington Co. Md.

DATE REC'D BY LOCAL Feb 15, 1954
REGISTRAR'S SIGNATURE Isaac H. Towers
24. FUNERAL DIRECTOR Harold M. Zimmerman ADDRESS Greencastle, Pa

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important Physicians: please write the causes of death clearly and legibly.

VS. A1A

FEB 17 1954
BUREAU V. S.

1957 Film#G161 Item# 9 2/18/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Dr. Lusby

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. CO. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 411 Carrolton Ave.

3. NAME OF DECEASED: (Type or Print) (First) LUTHER (Middle) WEBSTER (Last) DUNN

4. DATE OF DEATH: (Month) Feb. (Day) 9 (Year) 54

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Apr 25 1894

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Truck Helper Cushwa

10b. KIND OF BUSINESS OR INDUSTRY: Coal Co.

11. BIRTHPLACE (State or foreign country): Dry Run, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Dunn

14. MOTHER'S MAIDEN NAME: Catherine Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) — — — —

16. SOCIAL SECURITY No.: 219-07-4461

17. INFORMANT & ADDRESS: Mrs. Margaret G. Dunn

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 422.1 (a) Arteriosclerotic Cardiovascular Disease — Interval Between Onset And Death: 1 yr +

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Cerebral Hemorrhage — 2 mo
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Terminal Bronchopneumonia — 1 dy

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1953, to 9 Feb. 1954, that I last saw the deceased alive on 9 Feb., 1954, and that death occurred at 10.05 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) F. F. Lusby MD — ADDRESS 230 N. Prince — DATE SIGNED 10 Feb 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 2-13-54 — NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery — LOCATION (City, town, or county) Hagerstown, Md. (State)

DATE REC'D BY LOCAL REGISTRAR Feb 13 1954 — REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR — ADDRESS: Andrew K. Coffman — Hagerstown, Md.

VS. A15

RECEIVED
FEB 15 1951
BUREAU V. S.

1958

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1965

Dr Victor Miller

Dr. Victor Miller

CERTIFICATE OF DEATH

Reg. Dist. No. 303

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: G
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 1 Week
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: Hartford
STATE Connecticut COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Noank
STREET ADDRESS (If rural give location) 23 Church St. ✓

3. NAME OF DECEASED: (Type or Print) (First) MABEL (Middle) KINGSBURY (Last) FENTRESS
4. DATE OF DEATH: (Month) Feb. (Day) 11 (Year) 1954
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Sept. 3, 1870
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Wappengers Falls, N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Rev. Oliver Edison Kingsbury
14. MOTHER'S MAIDEN NAME: Sarah C. Stevenson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) - - - - -
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: James Fentress

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 4437 (a) Hypertensive Cardio-Vascular Disease

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) ? Chronic Cyst
DUE TO (c) —

Interval Between Onset And Death: 2 — 1 year

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 0

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION: 0
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) 0
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 0
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) 0 (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐ 0
HOW DID INJURY OCCUR? 0

22. I hereby certify that I attended the deceased from 1/28, 1954, to 2/11, 1954, that I last saw the deceased alive on Feb 10, 1954 and that death occurred at 9:30 am, from the causes and on the date stated above.

SIGNATURE (Degree or title) Victor D. Miller — DR. VICTOR D. MILLER
ADDRESS HAGERSTOWN
DATE SIGNED 2/11-1954

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 2-12-54
NAME OF CEMETERY OR CREMATORY Johns Hopkins University
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR Feb 11 1954
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman-Hagerstown, MD.

VS. A15

RECEIVED
FEB 15 1951
BUREAU V. S.

1959

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Dr. Ditto

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 1 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 451 W. Antietam St.

3. NAME OF DECEASED: (Type or Print) (First) Samuel (Middle) Elmer (Last) Foltz

4. DATE OF DEATH: (Month) Feb. (Day) 19 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: Aug. 28, 1882
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Metal Pipe
10b. KIND OF BUSINESS OR INDUSTRY: M. P. Moller, Inc.
11. BIRTHPLACE (State or foreign country): Broadfording Rd.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel M. Foltz
14. MOTHER'S MAIDEN NAME: Ann Catherine Shiffler

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) --
16. SOCIAL SECURITY No.: 214-09-0828
17. INFORMANT & ADDRESS: Norman L. Foltz

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 219 Marbern Rd.

Immediate cause 420.1 (a) Coronary sclerosis c Thrombosis
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death 6 Wks

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-19, 1954, to 2-19, 1954, that I last saw the deceased alive on 2-19, 1954, and that death occurred at 10 Am, from the causes and on the date stated above.
SIGNATURE (Degree or title) S. W. Ditto ADDRESS Hagerstown Md DATE SIGNED Feb 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2-22-1954
NAME OF CEMETERY OR CREMATORY Broadfording Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Md.
DATE REC'D BY LOCAL REGISTRAR Feb 22, 1954
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Andrew K. Coffman, ADDRESS Hagerstown, Md

RECEIVED
FEB 24 1954
BUREAU V. S.

1960

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Dr. Beachley

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Cty. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 813 Concord St.

3. NAME OF DECEASED: (Type or Print) (First) Maude (Middle) Viola (Last) Fowler

4. DATE OF DEATH: (Month) Feb. (Day) 12, (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Feb. 6, 1889
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Domestic
10b. KIND OF BUSINESS OR INDUSTRY: Maryland Hotel
11. BIRTHPLACE (State or foreign country): Downsville District
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John H. Fowler
14. MOTHER'S MAIDEN NAME: Ida Burger

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) none
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Russell Willard 813 Concord St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

194X

Immediate cause (a) Fibro-Sarcoma of Thyroid — Interval Between Onset And Death 4 mos.

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Fibro-Sarcoma of Thyroid
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 53, to Feb 12th 54, 19 , that I last saw the deceased alive on Feb 12, 1954, and that death occurred at 5:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree of Title) J. H. Beachley M.D. ADDRESS Hagerstown, Md. DATE SIGNED Feb 13/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2-15-1954
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) Hagerstown, Md. (State)

DATE REC'D BY LOCAL REGISTRAR Feb. 15, 1954
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR A. K. Coffman, Hagerstown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 17 1954
BUREAU V. S.

1997

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 307

1. PLACE OF DEATH — COUNTY: WASHINGTON — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BROWNSVILLE - RURAL
LENGTH OF STAY (in this place): 17 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: KNOXVILLE MD. R.1

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY: WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BROWNSVILLE - RURAL
STREET ADDRESS (If rural give location): KNOXVILLE MD. R1.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): HARRY - CLINTON - FRYE.

4. DATE OF DEATH (Month) (Day) (Year): FEBRUARY - 6. 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: NOV. 7-1901
9. AGE last birthday: 52-2-29 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MOTOR MECHANIC
10b. KIND OF BUSINESS OR INDUSTRY: FAIRCHILD AIRCRAFT
11. BIRTHPLACE (State or foreign country): LOVETTSVILLE VA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: A. I. FRYE
14. MOTHER'S MAIDEN NAME: HATTIE COCHRILLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO. (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: 276-07-6663
17. INFORMANT: MRS. BLANCHE H. FRYE - KNOXVILLE MD. R1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Coronary thrombosis

Antecedent cause(s) (b) Arteriosclerotic heart disease

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

INTERVAL BETWEEN ONSET AND DEATH: 18 hours - 9. -

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Post mortem only, 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 1:30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Walter H Sheahy MD
ADDRESS: Sharpsburg, MD
DATE SIGNED: Feb. 8, 1954

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF: FEB-10-1954
NAME OF CEMETERY OR CREMATORY: UNION CEMETERY
LOCATION (City, town, or county) (State): LOVETTSVILLE VA.

DATE REC'D BY LOCAL REG.: 2/9/54
REGISTRAR'S SIGNATURE: Cornelius H. Castle
Deputy
24. FUNERAL DIRECTOR: Wm. F. BAST AND SONS
ADDRESS: BOONSBORO MD

RECEIVED
FEB 11
BUREAU V. S.

1961 (M)

Dr. Wells (
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 302

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (In this place): 7 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 317 N. Mulbery St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Washington
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 217 N. Mulbery St.

3. NAME OF DECEASED: (Type or Print) (First) FRED (Middle) GROVER (Last) GABLE

4. DATE OF DEATH (Month) Feb. (Day) 14 (Year) 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married	Mar. 16, 1886	67 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Machinist	West. Md. R. R.	Chambersburg, Pa.	U.S.A.

13. FATHER'S NAME: George Gable
14. MOTHER'S MAIDEN NAME: Margaret Shew

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	— — — —	219-20-1347	Mrs. Anna E. Gable

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a)	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) acute coronary occlusion	15 min
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
none M.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: K. Coffman Wells M.D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☑ ASSISTANT MEDICAL EXAM. ☐ — DATE SIGNED: 2-15-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-17-54	Cedar Grove Cemetery	Chambersburg, Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb 15, 1954	Ethel H. Bowers	Andrew K. Coffman	Hagerstown, Md.

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
FEB
BUREAU V. S.

1962

Dr wells

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Hagerstown
LENGTH OF STAY (in this place) 3 Mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 32 No Mulberry St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 32 No. Mulberry St.

3. NAME OF DECEASED: (Type or Print) (First) CYNTHIA (Middle) JEAN (Last) GELWICKS

4. DATE OF DEATH (Month) (Day) (Year) Feby 1 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Single	Oct 25 1953	yrs.	3	4		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
None Infant	----	Hagerstown Md.	USA

13. FATHER'S NAME: William L. Gelwicks

14. MOTHER'S MAIDEN NAME: Geraldine Worthington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	----	None	William L. Gelwicks

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause 491X	(a)	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) acute broncho-pneumonia	24 hrs
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. None	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY none M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Robert Wells M.D. DEPUTY MEDICAL EXAM. WASH. CO., MD M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☑ DATE SIGNED Feb/1'54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-3-54	Rest Haven Cemetery	Hagerstown Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Feb 1 '54	[illegible]	Andrew K. Coffman Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1998

M

I

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 306

1. PLACE OF DEATH:
COUNTY: Wash. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: rural Smithsburg
LENGTH OF STAY (in this place): 23 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: RFD #2

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Wash.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: rural Smithsburg
STREET ADDRESS (If rural, give location): RFD #2

3. NAME OF DECEASED: (Type or Print) (First) Phillip (Middle) Emanuel (Last) Grove

4. DATE OF DEATH (Month) Feb. (Day) 11 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	May 17, 1886	67 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
farmer	own farm	Brunswick, Md.	

13. FATHER'S NAME: Calvin Grove

14. MOTHER'S MAIDEN NAME: C atherine Hankey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
no		Mrs. Clara Grove Smithsburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

974X

Immediate cause (a) Suffocation by hanging — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Home	21c. (City or town) R # 2 Smithsburg (County) Washington (State) Md.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☑	21f. HOW DID INJURY OCCUR? Hanged self in barn with rope

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☑, Homicide ☐, Undetermined cause ☐.

SIGNATURE: J. Robert Wells, M.D. DEPUTY MEDICAL EXA... M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED: 2-12-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 14-54	Rest Haven Cemetery	Hagerstown, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Feb. 13, 1954	Geo W Ferguson	Scott F. Minnich & Son, Smithsburg.

RECEIVED
FEB 16 1954
BUREAU V. S.

1999

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Dr Keagle

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leitersburg
LENGTH OF STAY (in this place) 1 Hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 926 Salem Ave

3. NAME OF DECEASED: (Type or Print) (First) CARRIE (Middle) ATHABELLE (Last) GRUMBINE

4. DATE OF DEATH: (Month) (Day) (Year) Feby 23 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH: Apr 21 1884
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Martinsburg W. Va.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Oliver Morris
14. MOTHER'S MAIDEN NAME: Florence Wolfensberger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Franklin S. Grumbine

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.0 (a) Pulmonary edema — Interval Between Onset And Death: 1 hour

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerptic heart disease — Indef.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1952, to present, 19.., that I last saw the deceased alive on 9-6-52 19.., and that death occurred at 9P.M., from the causes and on the date stated above.

SIGNATURE Robert T. Keagle (Dr. Keagle) M.D. ADDRESS Hagerstown DATE SIGNED 2-24-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2-26-54
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR Feb 26 1954
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown Md.

RECEIVED
MAR 1 1934
BUREAU V, S.

1963

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 19 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1613 Virginia Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 1613 Virginia Ave.

3. NAME OF DECEASED: (Type or Print) (First) Fleet (Middle) David H (Last) Harbaugh
4. DATE OF DEATH: (Month) Feb. (Day) 10 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widiwed
8. DATE OF BIRTH: Aug. 26, 1877
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Frederick Co. Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Milton A. Harbaugh
14. MOTHER'S MAIDEN NAME: Laura Jane Eyler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 705-10-7637
17. INFORMANT & ADDRESS: Donald F. Harbaugh Hag. Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset And Death: 4 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis — 10 yrs.

DUE TO

(c) Hypertension — 10 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral thrombosis 15 mo ago

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1951, to Feb. 12, 1954, that I last saw the deceased alive on 1 Feb., 1954, and that death occurred at 12:20 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) [illegible] MD — ADDRESS Hagerstown Md — DATE SIGNED 2/11/54.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Feb. 12, 1954
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown Md.
DATE REC'D BY LOCAL REGISTRAR Feb. 12, 1954
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Scott F. Minnich & Son ADDRESS Hag. Md.

RECEIVED
JUL 15 1954
BUREAU V. ST

1964

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 658 N. Prospect Street

3. NAME OF DECEASED: (Type or Print) (First) Geneviene (Middle) Adams (Last) Hoke

4. DATE OF DEATH: (Month) Feb. (Day) 17 (Year) 19 54

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Jan. 14, 1917

9. AGE last birthday: 37 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): waitress

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hagerstown

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: George Carl Gehr

14. MOTHER'S MAIDEN NAME: Irene Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) nO
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-14-7121

17. INFORMANT & ADDRESS: Donald Hoke Hagerstown, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

239X
Immediate cause (a) Parotid gland tumor — Interval Between Onset And Death: 7 1/2 mo

DUE TO

Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 14, 1953, to Feb 17, 1954, that I last saw the deceased alive on Feb 17, 1954, and that death occurred at 3:50 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Clyde A. Hoffman — ADDRESS 214 N. Potomac St. Hagerstown, Md. — DATE SIGNED Feb 18, 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Feb. 20, 1954
NAME OF CEMETERY OR CREMATORY Green Hill Cemetery
LOCATION (City, town, or county) (State) Waynesboro, Penna.

DATE REC'D BY LOCAL REGISTRAR Feb. 19, 1954
REGISTRAR'S SIGNATURE Ethel F. Bowers

24. FUNERAL DIRECTOR ADDRESS: Scott F. Minnich & Son. Hag. Md.

VS. A15

FEB 2
BUREAU V. S.

2000

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 307

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHESTNUT GROVE - RURAL
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS KEEDSVILLE MD. R.1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHESTNUT GROVE - RURAL
STREET ADDRESS (If rural give location) KEEDYSVILLE MD. R1.

3. NAME OF DECEASED (Type or Print) (First) MARGIE (Middle) PEARL (Last) - HOLMES

4. DATE OF DEATH (Month) (Day) (Year) FEBRUARY - 7, 1954

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH MARCH. 14. 1900
9. AGE last birthday 53-10.23 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MATRON
10b. KIND OF BUSINESS OR INDUSTRY HAGERSTOWN RUBBER CO.
11. BIRTHPLACE (State or foreign country) DARGON WASH. CO. MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME DANIAL JOHNSON
14. MOTHER'S MAIDEN NAME VIOLA ZIMMERSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 219-20-4592
17. INFORMANT EARL S. HOLMES · KEEDYSVILLE MD. R.1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

42.0.0 Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 1 hour.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic heart disease — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Post mortem, 19..., to Only, 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at 5.45 P.m., from the causes and on the date stated above.

SIGNATURE W. Sheely (Degree or title) M.D. ADDRESS Shepherdsburg, Md. DATE SIGNED Feb. 8, 1954.

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF FEB-11-1954
NAME OF CEMETERY OR CREMATORY SAMPLES MANOR CEMETERY
LOCATION (City, town, or county) (State) SAMPLES MANOR - MD.

DATE REC'D BY LOCAL REG. 2/10/54
REGISTRAR'S SIGNATURE Cornelius H. Castle Deputy
24. FUNERAL DIRECTOR Wm. F. BAST AND SONS ADDRESS BOONSBORO MD.

MAR 15 1954
BUREAU

2001

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) RURAL RIED
HOSPITAL OR INSTITUTION OR STREET ADDRESS HAGERSTOWN RT.# 6
MARYLAND
LENGTH OF STAY (in this place) LIFE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL RIED
STREET ADDRESS (If rural give location) HAGERSTOWN RT.#6

3. NAME OF DECEASED: (Type or Print) (First) ABRAHAM (Middle) G. (Last) HORST

4. DATE OF DEATH: (Month) FEB. (Day) 24 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 11/4/1881

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): RETIRED FARMER

10b. KIND OF BUSINESS OR INDUSTRY: OWN FARM

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JACOB HORST

14. MOTHER'S MAIDEN NAME: ELIZABETH MARTIN

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: MRS. A. G. HORST HAGERSTOWN RT.#6 md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Cerebral Thrombosis with Rt Hemiplegia — Interval Between Onset And Death: 10 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Cerebral Arteriosclerosis — ?

DUE TO

(c) — 4½ yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary Asteriosclerosis Heart Disease

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-29 ..., 1952, to 2-24 ..., 1954, that I last saw the deceased alive on 2-24, 1954 and that death occurred at 4 P.M., from the causes and on the date stated above.

SIGNATURE Dalton Wells (Degree or title) M.D. ADDRESS Hagerstown DATE SIGNED 2-25-54.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 2/28/54 — NAME OF CEMETERY OR CREMATORY Millers Mennonite C.R. — LOCATION (City, town, or county) Washington Co. — (State) Md.

DATE REC'D BY LOCAL REGISTRAR Feb 26, 1954 — REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR W. T. Norment — ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 1 1954
BUREAU V. S.

2002

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Dr. Lusby

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Funkstown
LENGTH OF STAY (in this place): 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 30 E. Baltimore St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): 30 E. Baltimore St.

3. NAME OF DECEASED (Type or Print): (First) CORA (Middle) ELIZABETH (Last) ISEMINGER

4. DATE OF DEATH: (Month) Feb. (Day) 13 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Apr. 20, 1887 (1881)

9. AGE last birthday: 72 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Norwood, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Kidd

14. MOTHER'S MAIDEN NAME: Amanda Kiser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service): — — — — —

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Frank L. Iseminger

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Cardiovascular Disease — Interval Between Onset And Death: 10 yrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1952, to 13 Feb. 1954, that I last saw the deceased alive on 13 Feb, 1954, and that death occurred at 1.40 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

F. E. Lusby M.D — 230 W Patrick — 15 Feb 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2-16-54 — NAME OF CEMETERY OR CREMATORY: Funkstown Cemetery — LOCATION (City, town, or county) (State): Funkstown, Md.

DATE REC'D BY LOCAL REGISTRAR: Feb 15 1954 — REGISTRAR'S SIGNATURE: Ethel M Bowers

24. FUNERAL DIRECTOR — ADDRESS: Andrew K. Coffman-Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 17
BUREAU V. S.

1965

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

17

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 427 McDowell Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Washington COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 427 McDowell Avenue

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Washington (Last) Johnson

4. DATE OF DEATH: (Month) Feb. (Day) 5 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 1-12-1875

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months 0 Days 24 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rockdale, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Johnson

14. MOTHER'S MAIDEN NAME: Sarah Ditlow

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: Mrs. Bessie A. Worthington, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1
Immediate cause (a) Acute Myocardial Failure — Interval Between Onset And Death: 1 day

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio sclerotic Cardio Vascular Diseases — 10 yrs +

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NM

19a. DATE OF OPERATION: NM

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) NM

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1949, to 5 Feb, 1954, that I last saw the deceased alive on 5 Feb, 1954, and that death occurred at 8 AM, from the causes and on the date stated above.

SIGNATURE F. F. Lusby MD (Degree or title) ADDRESS 2300 Potomac DATE SIGNED 6 Feb 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 2-8-1954

NAME OF CEMETERY OR CREMATORY Green Hill Cemetery

LOCATION (City, town, or county) (State) Waynesboro, Pa.

DATE REC'D BY LOCAL REGISTRAR Feb 8, 1954

REGISTRAR'S SIGNATURE Chas H Powers

24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Maryland ADDRESS

RECEIVED
FEB 10 1954
BUREAU V. S.

Film G161 Item# 9 2/18/54 emf

2003

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY: Wash. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): rural, Hagerstown
LENGTH OF STAY (in this place): 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: RFD #5

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): rural, Hagerstown
STREET ADDRESS (If rural give location): RFD #5

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Joseph (Last) Johnson

4. DATE OF DEATH: (Month) Feb. (Day) 3 (Year) 19 54

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: April 4, 1871

9. AGE last birthday: 82 83 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer

10b. KIND OF BUSINESS OR INDUSTRY: own farm

11. BIRTHPLACE (State or foreign country): Rock Bridge, Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Elizah Johnson

14. MOTHER'S MAIDEN NAME: Sarah Reed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: - -

17. INFORMANT & ADDRESS: Herbert Johnson, Smithsburg, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

334.1

Immediate cause (a) Cerebral thrombosis — Interval Between Onset And Death: 5 days

DUE TO

Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arteriosclerosis — Interval Between Onset And Death: years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Tumor parotid gland, left & local extension 2 yrs.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Dec 19 52, to 19 54, that I last saw the deceased alive on Jan 19 54, and that death occurred at 10:20 P.M. from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) MD ADDRESS: Hagerstown DATE SIGNED: 2/3/54

23. BURIAL, CREMATION, REMOVAL (Specify): burial
DATE THEREOF: 2-6-54
NAME OF CEMETERY OR CREMATORY: Smithsburg Cemetery
LOCATION (City, town, or county) (State): Smithsburg, Md.

DATE REC'D BY LOCAL REGISTRAR: 2-3-54
REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: Scott F. Minnich & Son, Smithsburg ADDRESS

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
BUREAU V. S.

1966

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1524 Sherman Ave.,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown,
STREET ADDRESS (If rural give location) 1524 Sherman Ave.,

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Thomas (Last) Kelley

4. DATE OF DEATH: (Month) 2 (Day) 17 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Aug. 5, 1868

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY: Leister Coal Co

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Thomas Kelley

14. MOTHER'S MAIDEN NAME: Mary Catherine Fennell

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Mrs. Ruth Hellane Hagerstown, Md.

18. MEDICAL CERTIFICATION

420.0

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arterio sclerotic Heart Disease — Interval Between Onset And Death: 15 yrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-1, 1953, to 2-17, 1954, that I last saw the deceased alive on 2-15, 1954, and that death occurred at 10 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) D. W. Ditto — ADDRESS Hagerstown Md — DATE SIGNED 2/17/54

23. BURIAL, CREMATION, REMOVAL (Specify) burial — DATE THEREOF 2-20-54 — NAME OF CEMETERY OR CREMATORY Rose Hill — LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REGISTRAR Feb. 19, 1954 — REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Fred W. Kraiss Hagerstown, Md. — ADDRESS

BUREAU V. S.

1967

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 951 Summit Ave.

3. NAME OF DECEASED: (Type or Print) (First) IRVIN (Middle) McKINLEY (Last) KERSHNER

4. DATE OF DEATH: (Month) Feb. (Day) 7 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Oct. 18, 1897
9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Weaver
10b. KIND OF BUSINESS OR INDUSTRY: Holland Woven Label
11. BIRTHPLACE (State or foreign country): Hagerstown
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles E. Kershner
14. MOTHER'S MAIDEN NAME: Catharine James

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) - - - - -
16. SOCIAL SECURITY No.: 214-09-2402
17. INFORMANT & ADDRESS: Mrs. Glendine R. Kershner

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) Coronary Thrombosis
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis
DUE TO
(c)

Interval Between Onset And Death: 3 days (?)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 5, 1954, to Feb 7, 1954, that I last saw the deceased alive on Feb 7, 1954, and that death occurred at 2 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED 2/8/54
Lloyd A. Hoffman M.D. 214 N. Potomac. Hagerstown, Wash. Md.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2-10-54
NAME OF CEMETERY OR CREMATORY Green Lawn Cemetery
LOCATION (City, town, or county) (State) Williamsport, Md.

DATE REC'D BY LOCAL REGISTRAR Feb. 10, 1954
REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman-Hagerstown, Md.

RECEIVED
BUREAU V. S.

2004

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 304

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Washington — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Hancock

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: None

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland Washington COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Hancock

STREET ADDRESS (If rural give location): None

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Lizzie	G	Kesecker	2.	20	19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
F	W	Married	March 8.1891	62 yrs.	11	12		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	Housewife	Morgan County W.VA.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John Hoisaholder	Frances Widmyer

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	No	None	Luther C Kesecker Hancock R.F.D.2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Small cell Lymphoma

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b)

DUE TO

(c)

Interval Between Onset And Death: (a) 9mo

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 2, 1953, to Feb 20, 1954, that I last saw the deceased alive on Feb 19 1954, and that death occurred at 1 PM from the causes and on the date stated above.

SIGNATURE (Degree or title) d M Hopper MD — ADDRESS Hancock Md — DATE SIGNED 2/22/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2.23.54	Sphors Cross Roads Cemetery	Berkley Springs W.VA.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2.22.54	J A Keller	Howard J Grove Hancock Md	

VS. A15

MAR 3 1954

1968

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 41 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 23 Mealey Pkwy

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 23 Mealey Pkwy

3. NAME OF DECEASED: (Type or Print) (First) Edgar (Middle) Hamilton (Last) Koons Sr.

4. DATE OF DEATH: (Month) Feb. (Day) 17, (Year) 19 54

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married

8. DATE OF BIRTH: Oct. 8, 1874

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: chief dispatcher

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Middleburg, Md.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: James H. Koons

14. MOTHER'S MAIDEN NAME: Anna Clabaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 705-10-6213

17. INFORMANT & ADDRESS: Edgar H. Koons Jr. Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis — Interval Between Onset And Death: 4 week

420.1

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — Years

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-23-, 19 54, to 2-17-, 19 54, that I last saw the deceased alive on 2-10-, 19 54 and that death occurred at 12:50 P.M. from the causes and on the date stated above.

SIGNATURE Ka Dell (Degree or title) M.D. ADDRESS Hagerstown, Maryland DATE SIGNED Feb.18,1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Feb.20,1954 — NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery — LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR Feb.19.1954 — REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR Scott F. Minnich & Son. — ADDRESS Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

FEB 23 1954
BUREAU V. S.

2005

196

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Clearspring
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Clearspring

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Clearspring
STREET ADDRESS (If rural give location) Clearspring

3. NAME OF DECEASED: (Type or Print) (First) Jacob (Middle) Frederick (Last) Kuhn
4. DATE OF DEATH: (Month) Feb. (Day) 7 (Year) 1954
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH: Dec. 13,1874
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): laborer
10b. KIND OF BUSINESS OR INDUSTRY: farm
11. BIRTHPLACE (State or foreign country): Big Spring, Md.
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: John Kuhn
14. MOTHER'S MAIDEN NAME: Mahala Brewer
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Nora Kuhn Clearspring, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Myocardial infarction due to coronary occlusion — Interval Between Onset And Death: 16 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease — unknown

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pernicious anaemia — unknown

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 6 1954, to Feb. 7, 1954, that I last saw the deceased alive on Feb. 7, 1954, and that death occurred at 10:20 am, from the causes and on the date stated above.

SIGNATURE Archie Robert Tolan (Degree or title) M. D. ADDRESS Clear Spring, Maryland DATE SIGNED February 8, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Feb. 10,1954
NAME OF CEMETERY OR CREMATORY St. Pauls Cemetery
LOCATION (City, town, or county) (State) near Clearspring, Md.

DATE REC'D BY LOCAL REGISTRAR Feb-9-1954
REGISTRAR'S SIGNATURE Joseph W Murray Local Registrar
24. FUNERAL DIRECTOR Scott F. Minnich & Son. ADDRESS Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 11 1954
BUREAU V. S.

1969

Cause suspected
Alcohol & Heart
D. M. E. Wash. Co. Md.
Feb. 18-1954

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Hagerstown
LENGTH OF STAY (in this place) 35 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 509 Dunn Irvin Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 509 Dunn Irvin Drive

3. NAME OF DECEASED: (Type or Print) (First) Lloyd (Middle) Richard (Last) Kuhn

4. DATE OF DEATH: (Month) Feb. (Day) 14 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 18, 1918

9. AGE last birthday: 35 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Lawyer

10b. KIND OF BUSINESS OR INDUSTRY: Private practice

11. BIRTHPLACE (State or foreign country): Hagerstown Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John H. Kuhn

14. MOTHER'S MAIDEN NAME: Laura Knauff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): yes ✓ (If Yes, give war or dates of service): W.W. II

16. SOCIAL SECURITY No.: 214-09-0752

17. INFORMANT & ADDRESS: Mrs. Marjorie Kuhn Hag. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: 20-30 min.

420.1

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1950, to death, 19....., that I last saw the deceased alive on Street, 19....., and that death occurred at 4:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert J. Headle M.D. ADDRESS Hagerstown DATE SIGNED 2-15-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 2-17-54
NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery
LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR: Feb. 16. 1954
REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: Scott F. Minnich & Son
ADDRESS: Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 21 1914
BUREAU V. S.

2006

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 301

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport; MARYLAND; LENGTH OF STAY (in this place) 40 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 128 N Artizan Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport; STREET ADDRESS (If rural, give location) 128 N Artizan Street

3. NAME OF DECEASED (Type or Print): (First) Dr. James (Middle) William (Last) Leiter

4. DATE OF DEATH: (Month) Feb. (Day) 19 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan 13 1873

9. AGE last birthday: 81 yrs. If under 1 yr. Months 1 Days; If under 24 hrs. Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dentist

10b. KIND OF BUSINESS OR INDUSTRY: Dentist

11. BIRTHPLACE (State or foreign country): Leitersburg Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Freeland Leiter

14. MOTHER'S MAIDEN NAME: Martha Lantz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mrs. Mary Fry 128 N Artizan St. Williamsport Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Cardiac Failure — Interval Between Onset and Death: 1 week

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Uremia — 2 weeks

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 18 Feb 54

19b. MAJOR FINDINGS OF OPERATION: Bladder Stone

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 20 1953, to 19 Feb., 1954, that I last saw the deceased alive on 19 Feb., 1954, and that death occurred at 5 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Paul Haak M.D. ADDRESS: Williamsport, Md. DATE SIGNED: 20 Feb 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Feb. 22 1954

NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery

LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REG.: FEB 21 1954

REGISTRAR'S SIGNATURE: E Lee McElroy

24. FUNERAL DIRECTOR: Albert L Neal ADDRESS: Williamsport Md.

RECEIVED
FEB
BUREAU V. S.

1970

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Washington — CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown — LENGTH OF STAY (In this place) 16 yrs. — MARYLAND — HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wash. — CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown — STREET ADDRESS (If rural, give location) 211 Jefferson St. ✓

3. NAME OF DECEASED (Type or Print): (First) Linda (Middle) Anne (Last) Lewis

4. DATE OF DEATH: (Month) Feb (Day) 28 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 6, 1937

9. AGE last birthday: 16 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY: High School

11. BIRTHPLACE (State or foreign country): Hagerstown Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles S. Lewis

14. MOTHER'S MAIDEN NAME: Margaret L. Snyder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Chas. L. Lewis Hag. Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 919.2

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Bullet wound into chest severing left axillary artery

(c)

INTERVAL BETWEEN ONSET AND DEATH: 65 min

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (Farm)

(CITY OR TOWN) (COUNTY) (STATE): Williamsport-Downsville Rd, Wash., Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): Feb. 28 '54 9:30P.M.

INJURY OCCURRED While at work ☑ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ✓, Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident ✓, suicide , homicide , undetermined .*

SIGNATURE: J. Robert Nelly M.D. — (Degree or title) — ADDRESS — DATE SIGNED: 3-1-54

23. BURIAL, CREMATION (Specify): Burial — DATE THEREOF: Mar. 3, 1954 — NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery — LOCATION (City, town, or county) (State): Hag. Md.

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Scott F. Minnich & Son — ADDRESS: Hag. Md.

2007

DR. LEVAN

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BOONSBORO X
LENGTH OF STAY (in this place) 4 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS GUILFORD NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LEITERSBURG X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) WILLIAM - HENRY - LOWMAN

4. DATE OF DEATH: (Month) (Day) (Year) FEBRUARY - 2 - 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: 1890 2

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): LABORER

10b. KIND OF BUSINESS OR INDUSTRY: FARM

11. BIRTHPLACE (State or foreign country): LEITERSBURG WASH. CO. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN M. LOWMAN

14. MOTHER'S MAIDEN NAME: MARGARET H. SWAILES

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 213-18-8538

17. INFORMANT & ADDRESS: KIEFFER M. LOWMAN WAYNESBORO PENNA

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442 X

Immediate cause (a) Cardio-Renal arteriosclerosis — Interval Between Onset And Death: 5 yrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic myocarditis with — 4 days.

DUE TO

(c) decompensation

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 30, 1954, to Feb 2, 1954, that I last saw the deceased alive on Feb 2, 1954, and that death occurred at 9.45 A.M., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M.D. ADDRESS: Boonsboro DATE SIGNED: 2/4/54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF: FEB. 5. 1954

NAME OF CEMETERY OR CREMATORY: LEITERSBURG CEMETERY

LOCATION (City, town, or county) (State): LEITERSBORG MD.

DATE REC'D BY LOCAL REGISTRAR: Feb. 4. 1954

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR ADDRESS: WALTER Y. GROVE WAYNESBORO PA.

BUREAU V. S.

1971

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 2 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 13 Park Avenue

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Thurston (Last) Mahone

4. DATE OF DEATH: (Month) Feb. (Day) 2 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 4-23-1884
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months 9 Days 9 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Ret. Freight Cond.
10b. KIND OF BUSINESS OR INDUSTRY: W. M. R. R. Co.
11. BIRTHPLACE (State or foreign country): Harrisonburg, Viriginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alfonso Mahone
14. MOTHER'S MAIDEN NAME: Mattie Piffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 705-10-5256
17. INFORMANT & ADDRESS: Mrs. Wm. T. Mahone, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177X

Immediate cause (a) Carcinomatosis - adeno coron

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Ca of prostate

DUE TO

(c) Anemia due to 1

Interval Between Onset And Death: 8 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: 1946
19b. MAJOR FINDINGS OF OPERATION: Adeno carcinoma of prostate
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946, 19....., to Feb 2, 1954, that I last saw the deceased alive on 1 Feb, 1954, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

SIGNATURE E Hoachlander (Degree or title) M.D. ADDRESS Hagerstown Md. DATE SIGNED 2/3/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2-4-1954
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR Feb 4, 1954
REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Maryland ADDRESS

RECEIVED
BUREAU V. S.

1972

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Dr. Earl Young

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 1½ hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): 36 E. Washington St.

3. NAME OF DECEASED: (Type or Print) (First) CHESTER (Middle) RAY (Last) McKNIGHT

4. DATE OF DEATH: (Month) Feb. (Day) 21 (Year) 54

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: April 1, 1904

9. AGE last birthday: 49 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Shoes

11. BIRTHPLACE (State or foreign country): Roaring Spring, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry Mc Knight

14. MOTHER'S MAIDEN NAME: Nannie Barclay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) - - - -

16. SOCIAL SECURITY NO.: 209-05-5834

17. INFORMANT & ADDRESS: Mrs. Leta C. Mc Knight

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 420.1 (a) Myocardial Infarction — Interval Between Onset And Death: 2.5.54

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arteriosclerosis Coronary) — 6mos

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/1/53, 19.., to 2/21/54, 19.., that I last saw the deceased alive on 2/21/54, 19.., and that death occurred at 12:35 P.M., from the causes and on the date stated above.

SIGNATURE: Earl Young M.D. — (Degree or title) — ADDRESS: Hagerstown Md. — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2-23-54 — NAME OF CEMETERY OR CREMATORY: Green Lawn Cemetery — LOCATION (City, town, or county) (State): Roaring Spring, Pa.

DATE REC'D BY LOCAL REGISTRAR: Feb. 22, 1954 — REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS: Andrew K. Coffman-Hagerstown, MD.

RECEIVED
FEB 24 1954
BUREAU V. S.

2008

DR. WARE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 325

1. PLACE OF DEATH:

COUNTY WASHINGTON — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BOONSBORO | LENGTH OF STAY (in this place): 31 YEARS

HOSPITAL OR INSTITUTION OR STREET ADDRESS: S. MAIN ST.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND — COUNTY WASHINGTON

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BOONSBORO

STREET ADDRESS (If rural give location): S. MAIN ST.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
ELMER		McKNIGHT	FEBRUARY 1 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
MALE	WHITE	WIDOWED	DEC. 28 1875	78 yrs. 3				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
CARPENTER	SELF EMPLOYED	NEWVILLE PENNA.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
SAMUEL E. McKNIGHT	MARY ANN (?) unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
NO	220-09-9039	HOWARD W. McKNIGHT BOONSBORO MD

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause (a)	Cerebral Hemorrhage	1 yr. 10 mo. 9 d.
DUE TO		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)	arterio - sclerosis	" " "
DUE TO		
(c)		

331X

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-24-, 19 54, to 2-1-, 19 54, that I last saw the deceased alive on 1-18-, 19 54, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Herbert Mace,	M. D.	Boonsboro Md.	2-4-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	FEB. 5, 1954	BENEVOLA CEMETERY	BENEVOLA WASH. Co. MD

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
FEB. 5, 1954	John H. Bast	WM. F. BAST AND SONS	BOONSBORO MD

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 8 19[illegible]
BUREAU V. S.

1973

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly)

1. PLACE OF DEATH:

COUNTY WASHINGTON — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN

LENGTH OF STAY (in this place): 10 DAYS

HOSPITAL OR INSTITUTION OR STREET ADDRESS: WASH. Co. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND — COUNTY WASHINGTON

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: TILGHMANTON

STREET ADDRESS (If rural give location): BOONSBORO MD. R.1.

3. NAME OF DECEASED: (Type or Print) (First) SADIE (Middle) MAGDALINE (Last) MILLER

4. DATE OF DEATH: (Month) FEBRUARY (Day) 3 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
FEMALE	WHITE	WIDOWED	NOV. 3, 1876	77-3-0 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	OWN HOME	BENEVOLA WASH. Co. MD.	U.S.A

13. FATHER'S NAME: SAMUEL RICHARDS

14. MOTHER'S MAIDEN NAME: ELIZABETH FASCHNACHT

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
NO		NONE	GEO. E. RICHARDS - 626 N. MULBERRY ST. HAGERSTOWN MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

155 X

Immediate cause (a) Carcinoma of the liver & Gallbladder — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ... DUE TO

(c)

Interval Between Onset And Death: 9 months

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/1/53 19..... to 2/3/54, 19....., that I last saw the deceased alive on 2/2/54 19....., and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE (Degree or title) Walter H. Shatz M.D. — ADDRESS Sharpsburg, Md. — DATE SIGNED Feb. 5, 1954

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	FEB-6-1954	MANOR CEMETERY	NEAR TILGHMANTON MD.

DATE REC'D BY LOCAL REGISTRAR: Feb. 6. 1954 — REGISTRAR'S SIGNATURE: Chas. A. Bowers

24. FUNERAL DIRECTOR — ADDRESS: WM. F. BAST AND SONS BOONSBORO MD

VS. A15

RECEIVED
FEB 10 1954
BUREAU V. S.

2009

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 304

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Wash — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural, Smithsburg — LENGTH OF STAY (In this place) transit
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Timonium
STREET ADDRESS (If rural, give location) Timonium Rd. ✓

3. NAME OF DECEASED (Type or Print): (First) William G. (Middle) Reed (Last) Molesworth

4. DATE OF DEATH (Month) (Day) (Year): Feb. 26, 54

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Nov. 11, 1917

9. AGE last birthday: 36 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): electrician

10b. KIND OF BUSINESS OR INDUSTRY: Signal Depot of Army

11. BIRTHPLACE (State or foreign country): Highfield, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Lewis Molesworth

14. MOTHER'S MAIDEN NAME: Nellie Gaver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY No.: 216-12-0691

17. INFORMANT AND ADDRESS: Morris Molesworth, Pikesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

9 13.1
Immediate cause (a) Asphyxia - due to carbon monoxide poison

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)
(260x)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Diabetes M — 193 5

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: in car

(CITY OR TOWN) (COUNTY) (STATE): Raven Rock Rd.- Smithsburg, Wash, Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): Feb. 26/54 10 PM.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? connected exhaust pipe to interior of car with a hose.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Robert Wells M.D. DEPUTY MEDICAL EXAM. WASH. CO., MD.

ADDRESS: 115 N. Potomac St., Hagerstown, Md.

DATE SIGNED: 3/1/54

23. BURIAL, CREMATION, REMOVAL (Specify): burial

DATE THEREOF: 3-2-54

NAME OF CEMETERY OR CREMATORY: Bethel Church of God

LOCATION (City, town, or county) (State): Cascade, Md.

DATE REC'D BY LOCAL REG.: 3-1-54

REGISTRAR'S SIGNATURE: Geo W Ferguson

24. FUNERAL DIRECTOR: Scott F. Minnich & Son, Hagerstown

ADDRESS

MAR 4
BUREAU V. S.

Ditto Jr.

1974

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 11 Moller Ave.,

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Albert (Last) Moore

4. DATE OF DEATH: (Month) 2 (Day) 11 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: Nov. 18, 1871

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): retired

10b. KIND OF BUSINESS OR INDUSTRY: Potomac Edison Co.

11. BIRTHPLACE (State or foreign country): Wash. Co. Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John H. Moore

14. MOTHER'S MAIDEN NAME: Susan Myers

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-10-5399

17. INFORMANT & ADDRESS: Mrs. Laura E. Moore Hagerstown, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

570.2

Immediate cause (a) Intestinal Obstruction due

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Pneumonia Hypostatic

DUE TO

(c)

Interval Between Onset And Death: 3 days

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-4 ..., 1954, to 2-11 ..., 1954, that I last saw the deceased alive on 2-14, 1954, and that death occurred at 5:10 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Fred W. Kraiss ADDRESS Hagerstown Md DATE SIGNED 2/16/54

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial — DATE THEREOF 2-14-54 — NAME OF CEMETERY OR CREMATORY Rose Hill — LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REGISTRAR Feb 12, 1954 — REGISTRAR'S SIGNATURE A. Hall Bowers

24. FUNERAL DIRECTOR Fred W. Kraiss Hagerstown ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
52 15 1924
BUREAU V. S.

Film#G162 Item# 8 3/11/54 emf

2010

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 304

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Hancock Md
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Washington COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Hancock Md.
STREET ADDRESS (If rural give location) None

3. NAME OF DECEASED: (Type or Print) (First) Alexander (Middle) (Last) Myers

4. DATE OF DEATH: (Month) 2 (Day) 26 (Year) 19 54

5. SEX: Male
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Oct.6.1861/0
9. AGE last birthday: 93 yrs. IF UNDER 1 YEAR Months 4 Days 19 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Building
11. BIRTHPLACE (State or foreign country): Hancock Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James R Myers
14. MOTHER'S MAIDEN NAME: Margrett Koonrod

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Miss Nettie Myers Hancock R.F.D.2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

792 X

Immediate cause (a) Uremia

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Senility

DUE TO

(c)

Interval Between Onset And Death: 2 1/2 mo

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 15 1953, to Feb 26, 1954, that I last saw the deceased alive on Feb 10, 1954, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE (Degree or title) D M Shaffer M.D. ADDRESS Hancock Md DATE SIGNED 2/28/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3.1.54
NAME OF CEMETERY OR CREMATORY St Thomas Episcopal Cemetery
LOCATION (City, town, or county) (State) Hancock Washington Md.

DATE REC'D BY LOCAL REGISTRAR 3-1-54
REGISTRAR'S SIGNATURE J A Heller
24. FUNERAL DIRECTOR Howard J Grove ADDRESS Hancock Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

EIVED
IAR 8 1954
BUREAU V. S.

1975

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 327 W. Washington St.,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 327 W. Washington St.

3. NAME OF DECEASED: (Type or Print) (First) Clyde (Middle) W (Last) Myers

4. DATE OF DEATH: (Month) 2 (Day) 10 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Sept. 25, 1882

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY: Cushwa

11. BIRTHPLACE (State or foreign country): Wash. Co. Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Simon S. Myers

14. MOTHER'S MAIDEN NAME: Annie E. Miller

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 220-05-6320

17. INFORMANT & ADDRESS: J. Edw. Myers Hagerstown, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.a

Immediate cause (a) Chr. Myocarditis DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death 2 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-10, 1954, to 2-10, 1954, that I last saw the deceased alive on 2-9, 1954, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE S. W. Ditto (Degree or title) ADDRESS Hagerstown Md DATE SIGNED 2/14/54

23. BURIAL, CREMATION, REMOVAL (Specify) burial

DATE THEREOF 2-12-54

NAME OF CEMETERY OR CREMATORY Broadfording

LOCATION (City, town, or county) Broadfording (State) Md.

DATE REC'D BY LOCAL REGISTRAR Feb. 12, 1954

REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Fred W. Kraiss ADDRESS Hagerstown, Md.

1976

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) Dunbar Hotel (S.Potomac St.)

3. NAME OF DECEASED: (Type or Print) (First) Lillie (Middle) Agnes (Last) Newcomer

4. DATE OF DEATH: (Month) Feb. (Day) 18, (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Nov. 7, 1907

9. AGE last birthday: 46 yrs. IF UNDER 1 YEAR Months 3 Days 11 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Waitress

10b. KIND OF BUSINESS OR INDUSTRY: Restaurant

11 BIRTHPLACE (State or foreign country): Sharpsburg, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Millard Filmore Nicodemus

14. MOTHER'S MAIDEN NAME: Agnes Delauney

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None

16. SOCIAL SECURITY No.: 214-14-6685

17. INFORMANT & ADDRESS: Mrs. Agnes Nicodemus (Mother) Sharpsburg, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 541.0 Duodenal ulcer & hemorrhage — Interval Between Onset And Death: 2 yrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c) 322.1

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic alcoholism 15 yrs. Cirhosis of liver 12 yrs.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 16, 1954, to Feb. 19, 1954, that I last saw the deceased alive on Feb. 19, 1954, and that death occurred at 8.20 PM, from the causes and on the date stated above.

SIGNATURE Edward W. Dietz III, M.D. (Degree or title) ADDRESS 217 W. Washington St. DATE SIGNED 2/19/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Feb. 21, 1954 — NAME OF CEMETERY OR CREMATORY Mt. View Cemetery — LOCATION (City, town, or county) (State) Sharpsburg, Maryland.

DATE REC'D BY LOCAL REGISTRAR Feb. 19, 1954 — REGISTRAR'S SIGNATURE Ephraim H. Boevers

24. FUNERAL DIRECTOR Edith V. Leaf — ADDRESS Williamsport, Md.

BUREAU V. S.

1977

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY WASHINGTON — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
LENGTH OF STAY (in this place) 30 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 217 MEALEY PARKWAY

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND — COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
STREET ADDRESS (If rural give location) 217 MEALEY PARKWAY

3. NAME OF DECEASED: (Type or Print) (First) EDWIN (Middle) CHARLES (Last) PARTRIDGE

4. DATE OF DEATH: (Month) FEB. (Day) 10 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
MALE	WHITE		4/5/1897	56 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
MUSIC TEACHER	COMMUNITY BANDS	ENGLAND	U.S.A.

13. FATHER'S NAME: EDWIN PARTRIDGE

14. MOTHER'S MAIDEN NAME: JANE HIGGS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
YES	ENGLISH	NONE	MRS. ELIZABETH PARTRIDGE HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause (Final disease or condition resulting in death)	(a) Hypertension Cardio Vascular Accident	2 yrs.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO	
	(c) DUE TO	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 7-1 ..., 1953, to 2-10 ..., 1954, that I last saw the deceased alive on 2-10 ..., 1954, and that death occurred at 6 P.M., from the causes and on the date stated above.

SIGNATURE N. W. Dutt (Degree or title) ADDRESS Hagerstown DATE SIGNED 2/11/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	2/12/54	Rest Haven Cem.	Hagerstown	Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 11, 1954	Chas. H. Towers	W. J. Normentt	Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

2011

197

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Big Poole Md. LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Big Pool Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washingto
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Big Pool Md.
STREET ADDRESS (If rural give location) Big Pool Md.

3. NAME OF DECEASED: (Type or Print) (First) Elva (Middle) (Gessman) (Last) Perrott
4. DATE OF DEATH: (Month) Feb, (Day) 25, (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Mar, 1, 1876
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Wash. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Thomas Gessman
14. MOTHER'S MAIDEN NAME: Maria Eichelburger
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) none
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Mrs. John Bowman Big Pool Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0
Immediate cause (a) HYPERTENSIVE ARTERIOSCLEROTIC HEART DISEASE
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death: UNKNOWN

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CHRONIC NEPHROSCLEROSIS 4 YEARS

19a. DATE OF OPERATION: NONE
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JULY 11, 1953, to FEB. 26, 1954, that I last saw the deceased alive on FEB. 25, 1954, and that death occurred at 1-25 AM., from the causes and on the date stated above.

SIGNATURE Archie Robert Cohen (Degree or title) MD ADDRESS CLEAR SPRING, MARYLAND DATE SIGNED FE. 26, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF March, 1, 54
NAME OF CEMETERY OR CREMATORY Broadfording
LOCATION (City, town, or county) Washington Co. (State) Md.
DATE REC'D BY LOCAL REGISTRAR Mar 1-54
REGISTRAR'S SIGNATURE Joseph W. Murray Local Registrar
24. FUNERAL DIRECTOR Adrian H. Rowland ADDRESS Clearspring Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 4 1954
BUREAU V. S.

2112

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cavetown
LENGTH OF STAY (in this place) 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Box #26

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cavetown
STREET ADDRESS (If rural give location) Box #26

3. NAME OF DECEASED: (Type or Print) (First) Adam (Middle) (Last) Peterson

4. DATE OF DEATH: (Month) 2 (Day) 11 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Nov. 17, 1874

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months | Days IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): L borer

10b. KIND OF BUSINESS OR INDUSTRY: Cavetown Planning Mill.

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Peterson

14. MOTHER'S MAIDEN NAME: Margaret West

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 212-24-3103

17. INFORMANT & ADDRESS: George Peterson Cavetown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4.0 x

Immediate cause (a) Pulmonary Embolism — Interval Between Onset And Death: 5 mts.

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio Sclerosis — 25 yrs

DUE TO (c) Rheumatic Heart disease — 50 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 11, 1954, to Feb 11, 1954 that I last saw the deceased alive on Feb 11, 1954 and that death occurred at 3.30 P.M. from the causes and on the date stated above.

SIGNATURE G. G. Kohler (Degree or title) M.R. ADDRESS Smithsburg DATE SIGNED 2/12/54

26. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 2-14-54

NAME OF CEMETERY OR CREMATORY Mt. Pleasant

LOCATION (City, town, or county) (State) Pa.

DATE REC'D BY LOCAL REGISTRAR Feb 3-54

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Fred W. Kraiss ADDRESS Hagerstown, Md.

SEP 15 1954
BUREAU V. S.

1978

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 012011

Dr Hoffman

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown; LENGTH OF STAY (in this place) 29 Yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 70 Broadway

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown; STREET ADDRESS (If rural give location) 70 Broadway

3. NAME OF DECEASED: (First) MARGARET (Middle) SWARTZ (Last) PORTER

4. DATE OF DEATH: (Month) Feby (Day) 4 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug 14 1870

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Hagerstown Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John D. Swartz

14. MOTHER'S MAIDEN NAME: Mary E. Spangler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ------

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: W. Geary Porter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4437 Immediate cause (a) Cerebral Thrombosis — Interval Between Onset And Death: 1 day

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive Cardio Vascular Disease — 20 yrs.

DUE TO

(c) Arteriosclerosis — yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture Rt. hip. — 4 wks

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1937, to Feb. 4, 1954, that I last saw the deceased alive on Feb 3, 1954, and that death occurred at 2 A.M., from the causes and on the date stated above.

SIGNATURE Cloyd A. Hoffman (Degree or title) M.D. ADDRESS 214 N. Potomac St. Hagerstown DATE SIGNED Feb. 5. 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 2/6/54; NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery; LOCATION (City, town, or county) Hagerstown Md. (State)

DATE REC'D BY LOCAL REGISTRAR Feb 6 1954; REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown Md.

VS. A15

RECEIVED
'13
BUREAU V. S.

Item 9 film G 162 3/2[illegible]54 cm

2013

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH:
COUNTY Wash. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) R. F. D. Hagerstown
LENGTH OF STAY (in this place) 14 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gateway Nurseing Home

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Penna. COUNTY Franklin
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Waynesboro R. D. 4
STREET ADDRESS (If rural give location) R. D. 4

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) William (Last) Reed

4. DATE OF DEATH: (Month) Feb. (Day) 26, (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan 10, 1864
9. AGE last birthday: ~~86~~ 90 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Tenant Farmer
11. BIRTHPLACE (State or foreign country): Franklin Co. Pa.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John A. Reed
14. MOTHER'S MAIDEN NAME: Catherine Grimes

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) none
16. SOCIAL SECURITY No: no
17. INFORMANT & ADDRESS: Mrs. Gail Kreager

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 422.1 (a) Myocardial Sclerosis — Interval Between Onset And Death: 10 yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Broncho Pneumonia — Feb. 1, 1954
DUE TO (c) Abscess of Jaw. — Feb. 10, 195[illegible]

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 6, 1953, to Feb. 26, 1954, that I last saw the deceased alive on Feb 25, 1954, and that death occurred at 1.15 A.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) David R Brewer M.D. ADDRESS Clear Spring Md. DATE SIGNED 2/26/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Feb 28, 1954
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) Greencastle (State) Pa.
DATE REC'D BY LOCAL REGISTRAR Feb. 26-54
REGISTRAR'S SIGNATURE Leroy M. Fockler (Deputy)
24. FUNERAL DIRECTOR Walter Grove ADDRESS Waynesboro Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 5 1
BUREAU V. S.

2014

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

P2003

Reg. Dist. No. 307

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pleasantville
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Residence

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pleasantville
STREET ADDRESS (If rural, give location) R.F.D.#1, Harpers Ferry, W.Va.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Franklin (Last) Reynolds

4. DATE OF DEATH: (Month) Feb. (Day) 14 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widower

8. DATE OF BIRTH: Feb. 28, 1872

9. AGE last birthday: 81 yrs. If under 1 year: Months 11; Days 14; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Gen. Labor

11. BIRTHPLACE (State or foreign country): Washington County, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George H. Reynolds

14. MOTHER'S MAIDEN NAME: Elizabeth Drenner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give WAR or dates of service) None

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mrs. Cora Ingram, 511 Berry St., Martinsburg, West Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) .....

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) ..... acute coronary occlusion

(c) .....

INTERVAL BETWEEN ONSET AND DEATH: 2hrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) none (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Wells (Degree or title) M.D. ADDRESS Hagerstown, Maryland DATE SIGNED 2.14.54

DEPT. OF MEDICAL EXAM. Washington CO., MD.

BURIAL, CREMATION (Specify) Burial; DATE THEREOF 2/17/54; NAME OF CEMETERY OR CREMATORY Samples Manor Cemetery; LOCATION (City, town, or county) Samples Manor, Md. (State)

DATE REC'D BY LOCAL REG. 2/16/54; REGISTRAR'S SIGNATURE Cornelius A. Castle, Deputy; 24. FUNERAL DIRECTOR J. Arnold Eckley; ADDRESS Bolivar, West Va.

I. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ... especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1A

FEB 1 .
B .U V. S

Dr. Cohen 1979

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 6 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 122 S. Mulberry St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 122 S. Mulberry St.

3. NAME OF DECEASED (Type or Print) (First) Daniel (Middle) Keller (Last) Ridenour

4. DATE OF DEATH (Month) February (Day) 26. (Year) 1954

5. SEX Made
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Oct. 18. 1878
9. AGE last birthday 75.4.8 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY Own Farm
11. BIRTHPLACE (State or foreign country) Beaver Creek Wash. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Andrew Ridenour
14. MOTHER'S MAIDEN NAME Sarah Jane Doyle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None.
17. INFORMANT Mrs. Emma K. Ridenour 122 S. Mulberry St. Hagerstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	RHEUMATIC HEART DISEASE	UNKNOWN
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	RHEUMATOID ARTHRITIS, DIFFUSE, CHRONIC	10 YEARS
	(c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. PERINEAL ABSCESS — 3 WEEKS

19a. DATE OF OPERATION NONE
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN. 8, 1954, 19....., to FEB 26, 19 54, that I last saw the deceased alive on FEBRUARY 22, 19 54, and that death occurred at 5-00A. m., from the causes and on the date stated above.

SIGNATURE Archie Robert Cohen (Degree or title) M.D. ADDRESS CLEAR SPRING, MARYLAND DATE SIGNED FEB. 26, 1954

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Feb. 28. 1954
NAME OF CEMETERY OR CREMATORY Boonsboro Cemetery
LOCATION (City, town, or county) (State) Boonsboro Wash. Co. Md.

DATE REC'D BY LOCAL REG. Feb. 27, 1954
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR W. F. Bast & Sons ADDRESS Boonsboro Md.

RECEIVED
MAR 1 1954
BUREAU V. S.

1980

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
LENGTH OF STAY (in this place) 44 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1028 Lanvale st.

2. USUAL RESIDENCE (HOME) OF DECEASED: WASHINGTON
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
STREET ADDRESS (If rural give location) 1028 LANVALE ST.

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) CATHERINE (Last) RODGERS

4. DATE OF DEATH: (Month) FEB. (Day) 10 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 4/ 11/1877

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: PETER CLINE

14. MOTHER'S MAIDEN NAME: ANNIE CARBAUGH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: MR. JOHN C. RODGERS HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

44.x

Immediate cause (a) Vascular Hypertension — Interval Between Onset And Death 12 yrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) arterio sclerotic myocardial heart disease — 8yrs

DUE TO acute cerebral hemorrhage — 1yr

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1937, to ....., 1954, that I last saw the deceased alive on Feb. 10, 1954, and that death occurred at 3:25 A, from the causes and on the date stated above.

SIGNATURE (Degree or title) S Robert Wells M.D. ADDRESS DATE SIGNED Feb. 11-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 7/13/54

NAME OF CEMETERY OR CREMATORY Rest Haven Cem.

LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR Feb. 11. 1954

REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR W. T. Norment ADDRESS Hagerstown Md.

RECEIVED
FEB 15
BUREAU V. S

1981

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

12006

Dr Ditto

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washingt on MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 7 Hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS ash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 630 Guilford Ave

3. NAME OF DECEASED: (Type or Print) (First) ELLIS (Middle) TAYLOR (Last) ROOF

4. DATE OF DEATH: (Month) Feby (Day) 3 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower

8. DATE OF BIRTH: Apr 2 1883

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Supt Interwoven Stocking Co. Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Edensville Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Roof

14. MOTHER'S MAIDEN NAME: Maggie Taylor

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)--------

16. SOCIAL SECURITY No.: 214-09-4359

17. INFORMANT & ADDRESS: Harold I. Roof

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ..... DUE TO

(c)

Interval Between Onset And Death: 3 days

I-331X

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-2 ,19 54, to 2-3 , 19 54, that I last saw the deceased alive on 2-3 , 19 54, and that death occurred at 4:20 P.M., from the causes and on the date stated above.

SIGNATURE D. W Ditto (Degree or title) ADDRESS Hagerstown Md DATE SIGNED 2/3/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 2-6-54

NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery

LOCATION (City, town, or county) Hagerstown Md. (State)

DATE REC'D BY LOCAL REGISTRAR Feb 8 1954

REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown Md

VS. A15

RECEIVED
BUREAU V. S.

2015

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 316

DR. SHEALY

M

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: WASHINGTON — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: KEEDYSVILLE
LENGTH OF STAY (In this place): 35 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MAIN ST.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: KEEDYSVILLE
STREET ADDRESS (If rural, give location): MAIN ST.

3. NAME OF DECEASED (Type or Print): (First) LOLA (Middle) V (Last) SHANK

4. DATE OF DEATH: (Month) FEBRUARY (Day) 22 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: OCT. 17 1869

9. AGE last birthday: 64 4 5 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME.

11. BIRTHPLACE (State or foreign country): ROXBURY - WASH. Co. MD.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: JOHN D. STINE

14. MOTHER'S MAIDEN NAME: MARY - IS - MUNSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: HARRY C. SHANK - KEEDYSVILLE MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X

Immediate cause (a) Generalized metastatic Carcinomatosis — Interval Between Onset and Death: 6 months

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Adeno-Carcinoma of the breast — 2 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Jan. 1952

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of breast

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

I

22. I hereby certify that I attended the deceased from Jan 1 ..., 1952, to Feb 22, 1954, that I last saw the deceased alive on 2/20, 1954, and that death occurred at ... m., from the causes and on the date stated above.

SIGNATURED (Degree or title): Walter H. Shealy M.D. — ADDRESS: Sharpsburg, Md. — DATE SIGNED: Feb 23, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE: FEB-25-1954 — NAME OF CEMETERY OR CREMATORY: MOUNTAIN VIEW CEMETERY — LOCATION (City, town, or county) (State): SHARPSBURG WASH. Co. MD.

DATE REC'D BY LOCAL REG.: Feb. 24. 54 — REGISTRAR'S SIGNATURE: R. H. Keeting

24. FUNERAL DIRECTOR — ADDRESS: WM. F. BAST AND SONS BOONSBORO MD.

MAR 3
BUREAU V.

2016

DR LEVAN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH: COUNTY WASHINGTON; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SAN-MAR-; LENGTH OF STAY (In this place) 6 YEARS; HOSPITAL OR INSTITUTION OR STREET ADDRESS FAHRNEY-KEEDY MEMORIAL HOME; MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY WASHINGTON; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN; STREET ADDRESS (If rural give location) 945 FOREST DRIVE

3. NAME OF DECEASED (Type or Print): (First) ANNAE (Middle) SUSAN (Last) SHUMAKER

4. DATE OF DEATH: (Month) FEBRUARY (Day) 28 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: OCT. 9. 1860

9. AGE last birthday: 93 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SEAMSTRESS

10b. KIND OF BUSINESS OR INDUSTRY: RETIRED

11. BIRTHPLACE (State or foreign country): PENNSYLVANIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DAVID SHUMAKER

14. MOTHER'S MAIDEN NAME: CATHERINE HEASY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY No.: NONE

17. INFORMANT: PHILIP MATHIAS - HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 442 Cardio-Renal arteriosclerosis — Interval between onset and death: 7 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 17, 1954, to Feb 28, 1954, that I last saw the deceased alive on Feb 28, 1954, and that death occurred at 1:20 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William M.D. Boonsboro, 3/1/54.

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF: MARCH 2 1954 | NAME OF CEMETERY OR CREMATORY: EDGE HILL CEMETERY | LOCATION (City, town, or county) (State): CHARLES TOWN W.VA.

DATE REC'D BY LOCAL REG.: March 1 1954 | REGISTRAR'S SIGNATURE: John H. Bast

24. FUNERAL DIRECTOR: FRED W. KRAISS | ADDRESS: HAGERSTOWN MD.

REC
MAR 2
BUREAU V. S.

2017

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-5

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport
LENGTH OF STAY (in this place) 2½ mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Williamsport Sanitarium Williamsport, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE W. Va. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Moorefield
STREET ADDRESS (If rural, give location) 108 Main

3. NAME OF DECEASED: (Type or Print) (First) Lorenzo (Middle) (Last) Snidy

4. DATE OF DEATH: (Month) Feb. (Day) 16 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Jan. 22, 1884

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months —, Days 20; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hardy Co, W. Va

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas Snidy

14. MOTHER'S MAIDEN NAME: Eliza Harbaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S ADDRESS: Raymond Snidy, Moorefield W. Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute Myocardial Failure — Interval between onset and death: 12 hrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Hypertensive Arteriosclerotic Heart Disease — 6 months

DUE TO

(c)

420.0

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 19, 1953 to 15 Feb, 1954, that I last saw the deceased alive on 16 Feb, 1954, and that death occurred at 6:05 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Lee Nash M.D. Williamsport, Md. 16 Feb 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Feb 18 1954

NAME OF CEMETERY OR CREMATORY: Moorefield

LOCATION (City, town, or county) (State): W. Va

DATE RECD BY LOCAL REG.: Feb 20 - 54

REGISTRAR'S SIGNATURE: C. Lee McElroy

24. FUNERAL DIRECTOR: Keith Shaffer

ADDRESS: Romney W. Va

BUREAU V. S.

(Name). Film G162-3/10/54 mnt.

02610

1982

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

M

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 15 Burger Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 15 Burger Avenue

3. NAME OF DECEASED (Type or Print) (First) Lydia K. (Middle) Shives (Last) Sisk
4. DATE OF DEATH (Month) 2 (Day) 27 (Year) 1954
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 7-25-1901
9. AGE last birthday 52 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Practical Nurse
10b. KIND OF BUSINESS OR INDUSTRY Conv. Home
11. BIRTHPLACE (State or foreign country) Needmore, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Howard S. Mellott
14. MOTHER'S MAIDEN NAME Anna B. Fittry
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. 214-16-0455
17. INFORMANT AND ADDRESS Mrs. Madeline Funk, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) acute coronary occlusion	5 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes M.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ✓, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE S. Robert Mellott M.D. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD.
ADDRESS 115 N. Potomac Street, Hagerstown, Md.
DATE SIGNED 3/1/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3-2-54
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL Mar 2, 1954
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR C.M. Suter & Sons, ADDRESS Hagerstown, Md.

VS. A15A

RECEIVED
MAR 11 1954
U. S.

1983

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 20-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown Rte 1
STREET ADDRESS (If rural, give location) RFD

3. NAME OF DECEASED (Type or Print): (First) Levi (Middle) Hunter (Last) Smith

4. DATE OF DEATH: (Month) January (Day) 25 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: 7-28-54 | 9. AGE last birthday: yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours 1, Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Levi H. Smith | 14. MOTHER'S MAIDEN NAME: Naomi May Mosby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. — | 17. INFORMANT AND ADDRESS: Mrs Levi Smith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Premature (4½ mo) — 1½ hr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-21-54, 19..., to 2-21-54, 19..., that I last saw the deceased alive on 2-21-54, 19..., and that death occurred at 1:00 m., from the causes and on the date stated above.

SIGNATURE A. M. Smith (Degree or title) ADDRESS Hagerstown Rte 1 DATE SIGNED 2/25/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Feb. 26. 1954 | NAME OF CEMETERY OR CREMATORY Boonsboro Cemetery | LOCATION (City, town, or county) (State) Boonsboro Washington Co. Md

DATE REC'D BY LOCAL REG. 2-27-54 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR AND ADDRESS Dell & Hart Funeral Home Boonsboro Md

RECEIVED
MAR 1 1954
BUREAU V. S.

2018

MARYLAND

02012

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH: COUNTY: WASHINGTON; STATE: MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: MARYLAND; COUNTY: WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BOONSBORO; LENGTH OF STAY (in this place): LIFE	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BOONSBORO
HOSPITAL OR INSTITUTION OR STREET ADDRESS: LAKIN AVENUE	STREET ADDRESS (If rural, give location): LAKIN AVENUE

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
ANNA	CLARA	SMITH	FEBRUARY - 20 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months. Days	If under 24 hrs.: Hours Min.
FEMALE	WHITE	WIDOWED	JANUARY-18-1868	86-1-2 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSE WIFE	OWN HOME	NEAR BOONSBORO WASH. CO. MD	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN FURRY	MARY WISSINGER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO.	NONE	BENJAMIN L. SMITH BOONSBORO WASH. CO. MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
442 X Immediate cause	(a) Cardio · Renal arteriosclerosis	10 yrs.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb 4, 1954, to Feb. 20, 1954, that I last saw the deceased alive on Feb 20, 1954, and that death occurred at 4.30 P. m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M.D. ADDRESS: Boonsboro DATE SIGNED: 2/22/54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	FEB-23-1954	BOONSBORO CEMETERY	BOONSBORO WASH. CO. MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 23 1954	John H. Bast	WM. F. BAST AND SONS	BOONSBORO MD.

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 1 1954
BUREAU V. S.

1984

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02013

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hagerstown
STREET ADDRESS (If rural give location) Hagerstown Rt. 1

3. NAME OF DECEASED: (Type or Print) (First) Lloyd (Middle) Michael (Last) Sneckenberger
4. DATE OF DEATH: (Month) Feb. (Day) 20 (Year) 19 54
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Feb. 22, 1898
9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm - Owner
11. BIRTHPLACE (State or foreign country): Chewsville Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Samuel Sneckenberger
14. MOTHER'S MAIDEN NAME: Emma K. Michael
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ------
17. INFORMANT & ADDRESS: Mrs. Marchie B. Sneckenberger Rt. 1

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lymphoma of Mediastinum. — Interval Between Onset And Death: Unknown

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) — DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis — 2 years

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

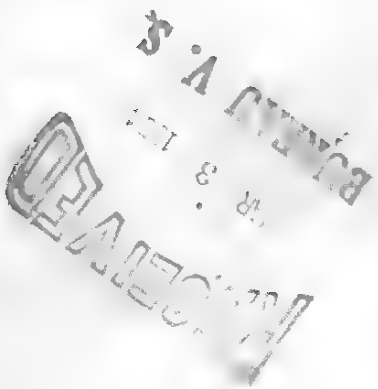
22. I hereby certify that I attended the deceased from Jan. 8, 19 54, to Feb. 20, 19 54; that I last saw the deceased alive on Feb. 20, 19 54; and that death occurred at 7:45 A.M., from the causes and on the date stated above.
SIGNATURE [signature] (Degree or title) M.D. ADDRESS Hagerstown, Maryland DATE SIGNED Feb. 23, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Feb. 23, 1954
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown Md.
DATE REC'D BY LOCAL REGISTRAR Feb 23, 1954
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Scott F. Minnich & Son
ADDRESS Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



1985

02014

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
LENGTH OF STAY (in this place) 2 HRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASH. CO. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LOCUST GROVE - RURAL
STREET ADDRESS (If rural, give location) ROHRERSVILLE MD. R.1

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) CARRIE - ELIZABETH - SNYDER.

4. DATE OF DEATH (Month) (Day) (Year) FEBRUARY - 20. 1954

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH OCT - 6 - 1876
9. AGE last birthday 77-4-14 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY OWN HOME
11. BIRTHPLACE (State or foreign country) LOCUST GROVE WASH. CO. MD
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME DAVID ROHRER
14. MOTHER'S MAIDEN NAME REBECCA HUTZELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT AND ADDRESS JOHN D. SNYDER ROHRERSVILLE MD. R.1.

4

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X

Immediate cause (a) Cardio-renal arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH 2 yrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute myocarditis — 5 hrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 21, 1954, to Feb 20, 1954, that I last saw the deceased alive on Feb. 20, 1954, and that death occurred at 2.20 P. m., from the causes and on the date stated above.

SIGNATURE G W Leban M.D. (Degree or title) ADDRESS Boonsboro, DATE SIGNED 2/22/54.

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE FEB. 23. 1954
NAME OF CEMETERY OR CREMATORY LOCUST GROVE CEMETERY
LOCATION (City, town, or county) (State) LOCUST GROVE WASH. CO. MD

DATE REC'D BY LOCAL REG. Feb 22, 1954
REGISTRAR'S SIGNATURE Chas H. Towers
24. FUNERAL DIRECTOR WM. F. BAST AND SONS ADDRESS BOONSBORO MD.

MARGIN RESERVED FOR BINDING

Dr. Leban

M

I

RECEIVED
BUREAU V. S.

2019

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leitersburg Rural
LENGTH OF STAY (in this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hagerstown, Md. R.D.5

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leitersburg Rural
STREET ADDRESS (If rural give location) Hagerstown, Md. R.D.5

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) F. (Last) Stephey
4. DATE OF DEATH: (Month) February (Day) 4, (Year) 1954
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: 12/24/1868
9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: self employed
11. BIRTHPLACE (State or foreign country): Hagerstown, Md. R.D.5
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Solomon Stephey
14. MOTHER'S MAIDEN NAME: Catherine Oller
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Fannie M. Smith Hagerstown Md. R.D.5

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 422.1 (a) Arterio sclerotic Cardio Vascular Disease — Interval Between Onset And Death ? ?

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Preceding Broncho Pneumonia

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-24, 1954, to 2-4, 1954, that I last saw the deceased alive on 2-4-54, and that death occurred at 7:30 PM from the causes and on the date stated above.
SIGNATURE (Degree or title) A W Lindeman ADDRESS Waynesboro DATE SIGNED 2-5-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2/7/54
NAME OF CEMETERY OR CREMATORY Green Hill
LOCATION (City, town, or county) (State) Waynesboro, Pa.
DATE REC'D BY LOCAL REGISTRAR 2-6-54
REGISTRAR'S SIGNATURE Geo. W. Ferguson
24. FUNERAL DIRECTOR Walter G. Grove ADDRESS Waynesboro, Pa.

RECEIVED
FEB 1 1
BUREAU V. S.

1986

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pennsylvania COUNTY Franklin
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Waynesboro
STREET ADDRESS (If rural give location) Route #2

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Leslie (Last) Swisher

4. DATE OF DEATH: (Month) 2 (Day) 1 (Year) 19 54

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: March 24, 1877

9. AGE last birthday: 76 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Boiler maker &

10b. KIND OF BUSINESS OR INDUSTRY: farmer self emp.

11. BIRTHPLACE (State or foreign country): Franklin Co.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George W. Swisher

14. MOTHER'S MAIDEN NAME: Elizabeth Tracey

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: John Swisher- 1363 Salen Ave. Hagerstown, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Bronchial Pneumonia — Interval Between Onset And Death: 3 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Bronchial Asthma — Interval Between Onset And Death: years

DUE TO

(c) Arteriosclerotic Heart Disease — Interval Between Onset And Death: years

420.0

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10, 1954, to Feb. 1st, 1954, that I last saw the deceased alive on Feb. 1, 1954, and that death occurred at 3 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charles H. Kleiman MD Hospital Road 2/2/54

23. BURIAL, CREMATION, REMOVAL (Specify) burial
DATE THEREOF 2-4-54
NAME OF CEMETERY OR CREMATORY Green Hill
LOCATION (City, town, or county) (State) Waynesboro Pa.

DATE REC'D BY LOCAL REGISTRAR FEB. 2 1954
REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR ADDRESS
Grove Funeral Home Waynesboro, Pa.

RECEIVED
FEB
BUREAU V. S.

1987

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. [illegible]

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (In this place) 7 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 321 Radcliffe Ave.

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) William (Last) Thompson

4. DATE OF DEATH (Month) Feb. (Day) 7, (Year) 1954

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Jan.9,1925

9. AGE last birthday 29 yrs. If under 1 year Months 28 Days 0 If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teletype Repairman

10b. KIND OF BUSINESS OR INDUSTRY C.& P.Tel.Co.

11. BIRTHPLACE (State or foreign country) Nashville ,Tenn.

12. CITIZEN OF WHAT COUNTRY? U.SA

13. FATHER'S NAME Carl E. Thompson

14. MOTHER'S MAIDEN NAME Jeannette Hamilton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War II

16. SOCIAL SECURITY NO. 413-22-5224

17. INFORMANT AND ADDRESS Mrs. Bessie Thompson 321 Radcliffe Av. Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

9 [illegible] Immediate cause (a) Fractured Skull Hemorrhage & shock — INTERVAL BETWEEN ONSET AND DEATH: 5 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION ---

19b. MAJOR FINDINGS OF OPERATION ----

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home

(CITY OR TOWN) R # 2 Williamsport (COUNTY) Wash. (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) 2 - 7 -54 10:30AM

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Fell to ground from top of antenna on roof

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection ☒, Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined*

SIGNATURE S. Robert Wells M.D. DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS 115 N. Potomac St, Hagerstown, Md. DATE SIGNED 2-8-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Feb. 10,1954

NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery

LOCATION (City, town, or county) (State) Williamsport, Md.

DATE REC'D BY LOCAL REG [illegible]

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Albert L. Leaf ADDRESS Williamsport, Md.

1988

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 228 West Franklin Street

3. NAME OF DECEASED (Type or Print): (First) Frederick (Middle) Elmer (Last) Ward

4. DATE OF DEATH: (Month) Feb. (Day) 2 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7-24-1881

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months 8 Days 8 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Engineer

10b. KIND OF BUSINESS OR INDUSTRY: P. R.R. Co.

11. BIRTHPLACE (State or foreign country): Tommy Hawk, W. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: NOT KNOWN

14. MOTHER'S MAIDEN NAME: NOT KNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 717-07-9396

17. INFORMANT & ADDRESS: Mrs. F. E. Ward, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

177X

Immediate cause — (a) Carcinoma Prostate c metastasis to lungs — Interval between onset and death: 5 yrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) & pelvis.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. generalized arteriosclerosis — 20 yrs. Hypertensive cardiovascular dis. — 15 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1, 1953, to Feb. 2, 1954, that I last saw the deceased alive on Feb 2, 1954, and that death occurred at 2:40 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Edward W. Dalton, MD — 217 W. Washington St. — 2/2/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 2-5-1954

NAME OF CEMETERY OR CREMATORY: Greenhill Cemetery

LOCATION (City, town, or county) (State): Martinsburg, W. Va.

DATE REC'D BY LOCAL REG.: Feb. 3, 1954

REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS: C. L. Suter & Sons, Hagerstown, Md.

RECEIVED
BUREAU V. S.

1989

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown, Md
LENGTH OF STAY (in this place) 45 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown, Maryland
STREET ADDRESS (If rural give location) 245 N Jonathan, Street.

3. NAME OF DECEASED: (Type or Print) (First) Mildred (Middle) Ann (Last) Wilson

4. DATE OF DEATH: (Month) Feb (Day) 7 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Oct 6 1883

9. AGE Last birthday: 70 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Keswick, Va.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: John Anderson

14. MOTHER'S MAIDEN NAME: Henrietta Clemens

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Zelma W. Smith. 245 N. Jonathan, St.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X
Immediate cause (a) Carcinomatosis of abdominal viscera — Interval Between Onset And Death: ...

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) metastatic carcinoma of the lung, l ft — ...
DUE TO (c) following carcinoma of [illegible] breast — 13 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: moderate hypertension disease

19a. DATE OF OPERATION: Aug. 1947

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of the breast

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 6, 1940, to Feb. 7, 1954, that I last saw the deceased alive on Feb. 6, 1954, and that death occurred at 10:30 a.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] M.D. — ADDRESS Hagerstown, Md. — DATE SIGNED Feb. 11, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2-11-1954 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown, Maryland.

DATE REC'D BY LOCAL REGISTRAR: Feb 11. 1954 — REGISTRAR'S SIGNATURE: Edward H Hoovers

24. FUNERAL DIRECTOR: John R Watson Jr. — ADDRESS: Hagerstown Md.

VS. A15

RECEIVED
BUREAU V. S.

2020

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 3015 (21 305)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Guilford Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 1142 The Terrace

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Katherine	Polleter	Wright	Feb.	1	19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widow	2-5-1865	88 yrs.	11	26		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
NONE		Belton, Texas	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Julius Polleter	Julia Cowan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
NO	NONE	Mrs. Earl Kohler, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio renal arteriosclerosis — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) — DUE TO

(c)

Interval Between Onset And Death: 5 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1954, to Feb 1, 1954, that I last saw the deceased alive on Feb 1, 1954, and that death occurred at 9.45 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. W. Lelay	M.D.	Boonsboro	2/4/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-3-1954	Rest Haven Cemetery	Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 3, 1954	John W. East	C. H. Suter & Sons	Hagerstown, Maryland

VS. A15

RECEIVED
FEB
BUREAU V. S.

1990

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 6 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clear Spring
STREET ADDRESS (If rural give location) none

3. NAME OF DECEASED: (Type or Print) (First) Daniel (Middle) R (Last) Witmer
4. DATE OF DEATH: (Month) 2 (Day) 1 (Year) 19 54
5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed
8. DATE OF BIRTH: July 20, 1872
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): carpenter
10b. KIND OF BUSINESS OR INDUSTRY: self employed
11. BIRTHPLACE (State or foreign country): Washington County
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Witmer
14. MOTHER'S MAIDEN NAME: Mary Jane Curly
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Jesse Witmer Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
420.1 Immediate cause	(a) Myocardial infarction due to coronary artery occlusion	11 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Hypertensive arteriosclerotic heart disease	unknown
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid arthritis, diffuse — unknown

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 21, 19 54, to Feb. 1, 19 54, that I last saw the deceased alive on Jan. 31, 1954, and that death occurred at 10:20 am from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Charles Robert Cohn M. D. Clear Spring, Maryland Feb. 1, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2-3-54
NAME OF CEMETERY OR CREMATORY St. Pauls
LOCATION (City, town, or county) (State) Hagerstown (Rural) Md.

DATE REC'D BY LOCAL REGISTRAR Feb 2 1954
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR ADDRESS Fred W. Kraiss Hagerstown, Md.

RECEIVED
FEB
BUREAU V. S.

1991

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Dr Hirshman

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 3½ Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2007 Lexington Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 2007 Lexington Ave

3. NAME OF DECEASED: (Type or Print) (First) LILLIE (Middle) MELVINA (Last) YEAKLE

4. DATE OF DEATH: (Month) (Day) (Year) Feby 9 1954 19

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH: May 30 1875
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country) near Sylvan Pa.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Phenicie
14. MOTHER'S MAIDEN NAME: Mary Jane Zimmerman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ------
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Miss Olive M. Yeakle

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause (a) Carcinoma - Colon

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death 2 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 4/11/52
19b. MAJOR FINDINGS OF OPERATION Carcinoma - Colon
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 29, 1950, to Feb. 9th, 1954, that I last saw the deceased alive on Feb 9, 1954, and that death occurred at 8:00 PM, from the causes and on the date stated above.

SIGNATURE Phillip J. Hoffman (Degree or title) MD ADDRESS Hagerstown Md DATE SIGNED 2/10/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2-12-54
NAME OF CEMETERY OR CREMATORY Mt Zion Lutheran Cemetery
LOCATION (City, town, or county) near Sylvan Pa (State)
DATE REC'D BY LOCAL REGISTRAR Feb. 10. 1954
REGISTRAR'S SIGNATURE Robert T. Bowers
24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown Md.

RECEIVED
FEB 17
BUREAU V. S.

2021

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02023

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Smithsburg X
LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS East Water Street X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Smithsburg X
STREET ADDRESS (If rural give location) East Water Street

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Edward (Last) Yowler
4. DATE OF DEATH: (Month) Feb. (Day) 16 (Year) 1954

5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Aug. 3, 1876
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Truck driver
10b. KIND OF BUSINESS OR INDUSTRY: General Hauling
11. BIRTHPLACE (State or foreign country): Hagerstown, Md.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: Mary Yowler

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 219-12-2228
17. INFORMANT & ADDRESS: Mrs. Howard Kendall Smithsburg, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332 X

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset And Death: 10 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio Sclerosis — 10 yrs

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 15, 1954 to Feb 16, 1954, that I last saw the deceased alive on Feb 16 1954 and that death occurred at 3 A.M. from the causes and on the date stated above.

SIGNATURE G. G. Kohler (Degree or title) M.D. ADDRESS Smithsburg DATE SIGNED 2/16/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Feb. 18, 1954
NAME OF CEMETERY OR CREMATORY Cavetown Reformed
LOCATION (City, town, or county) Cavetown, Md. (State)

DATE REC'D BY LOCAL REGISTRAR Feb 16-54
REGISTRAR'S SIGNATURE Geo W. Ferguson
24. FUNERAL DIRECTOR Scott F. Minnich & Son. ADDRESS Smithsburg, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 18 1954
BUREAU V. S.

1992

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02024

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 05
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Washington COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 05
STREET ADDRESS (If rural give location) 103 North Cleveland Avenue

3. NAME OF DECEASED: (Type or Print) (First) Rocco (Middle) (Last) Zappacosta

4. DATE OF DEATH: (Month) Feb. (Day) 26 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 7-26-1894
9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR Months 7 Days 0 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Self Emp. Merchant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Casa Lincon Trada, Italy
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Pasqule Zappacosta
14. MOTHER'S MAIDEN NAME: Angela Dimeo

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-10-6765
17. INFORMANT & ADDRESS: Mrs. Rocco Zappacosta, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1 (a) Coronary Thrombosis — Interval Between Onset And Death 6 hrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/26, 1954, to 2/26, 1954, that I last saw the deceased alive on 2/26, 1954 and that death occurred at 12.07 AM from the causes and on the date stated above.

SIGNATURE Robert V. L. Campbell MD (Degree or title) ADDRESS Hagerstown Md DATE SIGNED 2/27/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3-2-1954
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR Mar. 1. 1954
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Maryland ADDRESS

RECEIVED
MAR 3 1954
BUREAU V. S.